

<b>WAIVER APPLICATION FOR LEON COUNTY GRANT FOR DEPLOYED MILITARY PERSONNEL</b>							July 10, 2006				
<b>1. APPLICANT DATA</b>											
<b>a. BRANCH OF SERVICE</b> <i>(X one)</i>		<input type="checkbox"/>	<b>ARMY</b>	<input type="checkbox"/>	<b>NAVY</b>	<input type="checkbox"/>	<b>AIR FORCE</b>	<input type="checkbox"/>	<b>MARINE CORPS</b>	<input type="checkbox"/>	<b>COAST GUARD</b>
<b>b. NAME</b> <i>(Print - Last, First, Middle Initial)</i>				<b>c. PRESENT OR LAST PAY GRADE</b>			<b>d. SSN</b>				
<b>2. PRESENT STATUS WITH RESPECT TO THE ARMED SERVICES</b> <i>(Active Duty, Reserve, National Guard)</i>				<b>3. Type of Discharge</b>			<b>4. DATE OF DISCHARGE OR RELEASE FROM ACTIVE DUTY</b> <i>(YYYY/MM/DD)</i>				
<b>5. I REQUEST A WAIVER BASED ON THE FOLLOWING REASON/S:</b>											
<b>6. UNIT OF ASSIGNMENT</b>						<b>7. DATES OF MOBILIZATION</b>					
<b>8. IN SUPPORT OF THIS WAIVER , I AM PROVIDING THE FOLLOWING EVIDENCE</b>											
<b>9. IF OTHER THAN THE VETERAN PLEASE ENCLOSE A COPY OF THE POWER OF ATTORNEY OR OTHER SUPPORTING DOCUMENTATION</b>											
<b>10. a. COMPLETE CURRENT ADDRESS</b> <i>(Include ZIP Code) OF APPLICANT OR PERSON IN ITEM 12 ABOVE</i> <i>(Forward notification of all changes of address.)</i>								<b>b. TELEPHONE</b> <i>(Include Area Code)</i>			
								<b>c. E-MAIL ADDRESS</b>			
<b>11. SIGNATURE</b> <i>(Applicant must sign here.)</i>								<b>12. DATE SIGNED</b> <i>(YYYY/MM/DD)</i>			